

Written Prior Notice and Consent for Evaluation / Re-Evaluation

| Student Name | EXAMPLE 4 | Date of Birth_ | | |
|---|--|---|-----------------------------|---|
| Grade | 8 | Date_ | <u>5/10/2008</u> | |
| Written Prior Notice for Free Appropriate Public Education We are proposing to evaluate/re-evaluate this student to determine if he/she has a disability that adversely affects educational performance and requires special education and related services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although there may have been interventions implemented, concerns about his/her progress continue. These concerns form the basis for this decision. You have protection under the Procedural Safeguards, a copy of which is included with this notice. If you have any questions regarding this notice or your Procedural Safeguards, contact the principal or the special education teacher at the student's school. | | | | |
| We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on the back of this form. We may not need to give all of these tests. Without your consent, we will not give any test in areas other than those indicated below: | | | | |
| X Intellectual / Cognitive □ Motor □ Vision | e <mark>X</mark> Academic □ Adaptive □ Vocational / Transition | □ Communication□ Social / Behavioral□ Other | 3 | |
| This evaluation cannot begin until your written permission is received. Upon completion of the evaluation, the results will be discussed with you and you will be provided a copy of the evaluation summary report & eligibility determination. You have the right to refuse permission for this evaluation. Please sign below and return. | | | | |
| Consent for Evaluation/Re-e | evaluation | | | |
| X I <u>DO</u> give permission for the evaluation requested and have received the Procedural Safeguards and a copy of this document. I understand that all results will be kept confidential and reviewed with me. | | | | |
| S | <mark>igned</mark> | ************************************** | 5/23/2008 | _ |
| | Signature of Parent/Adult Student | | Date | |
| □ I <u>DO NOT</u> give permission for the evaluation requested, and have received the Procedural Safeguards and a copy of this document. | | | | |
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| Family Educational Rights and Privacy Act (FERPA) Consent to Waive Psychological Evaluation Time Line Under Utah Law (UCA 53A-13-302) a parent giving consent for a psychological evaluation must be given 2 weeks notice prior to the initiation of the evaluation in order to allow the parent to revoke the consent. The law does allow the parent to waive this 2 week period. Your signature will allow us to waive this particular provision of the law and allow the psychological evaluation to proceed. Should you choose not to waive this right, and you have already consented for an evaluation to begin, the team may proceed forward with other areas of the educational assessment. X I give consent for the 2 week waiting period to be waived so that the psychological evaluation for my child may proceed immediately. Signature of Parent/Adult Student Date | | | | |
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| A copy of the Procedural Safeguards is included with this notice. Date signed consent received back at school from parent/adult student. 5/23/2008 (Note: Initial evaluations must be completed within 45 school days following receipt of consent.) | | | | |
| (เมอเษ. | minum evanuations must be comple | cica within 70 School days 10 | noming receipt or consent.) | |